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2001 HOUSE HUMAN SERVICES

HB 1202

2001 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. HB 1202

House Human Services Committee

☐ Conference Committee

Hearing Date January 22, 2001

Tape Number	Side A	Side B	Meter #
Tape 1	X		0 to 4350
Tape 1		X	3830 to end
Tape 2	X		0 to 1030
Committee Clerk Signature	Connie Easton		

Minutes:

Chairman Price, Vice Chairman Devlin, Rep. Dosch, Rep. Galvin, Rep. Klein, Rep. Pollert, Rep. Porter, Rep. Tieman, Rep. Weiler, Rep. Weisz, Rep. Cleary, Rep. Metcalf, Rep. Niemeier, Rep. Sandvig.

Chairman Price: We will open the hearing on HB 1202.

Rep. Porter: Sponsored HB 1202. In our interim meetings we were approached by various ambulance service jurisdictions that there was some problems in the existing law that needed to be corrected in order to provide ambulance service in rural North Dakota. We hope this bill addresses those concerns and provides better access to EMS systems. Presented what the bill does. (See written testimony.)

Vice Chairman Devlin: The $5,000 grant, we're talking $100,000 a year for two years, is that correct?

Rep. Porter: Yes, if every ambulance service, or about 20 of them, would come forth in the next biennium that would be correct.

Vice Chairman Devlin: And the source of the funding, has that been identified?

Rep. Porter: Not at this time.

Rep. Cleary: Does this bill handle the problems say when we call an ambulance from further away, because it is a county line or something, instead of sending the nearest ambulance?

Rep. Porter: By establishing the systems type approach, that system would have the ability to show their service area so that any overlaps would be contained within that service area. You wouldn't be following county lines and allowing an ambulance to travel further than the closest available ambulance to your call.

Rep. Cleary: Might that still happen in a service area that maybe an ambulance may be called that is farther away?

Rep. Porter: That problem could always exist, especially when you get into some areas. Some of that needs to be taken care with local negotiations, so that they take the patient's interest into consideration first before they take into consideration lines of operations.

Rep. Niemeier: I'm looking at page 1 of your testimony and you talk about license based on needs of the service area. How is that going to be determined?

Rep. Porter: As we looked at the needs of the Beulah-Hazen area, we felt that they could turn in their ambulance license in Beulah and take advantage of this grant money and then in two years come back and say "we want our license back", and buy an ambulance and get back into the same problem. We wanted to give the department the ability to set those standards based on needs.

Rep. Niemeier: That kind of refers to a conversion of services, doesn't it?

Rep. Porter: As you get out in the rural areas, the biggest problem that ambulance services are having are volunteers.

Rep. Metcalf: What is going to happen to the physical ambulance when they agree to give up their license? Is the ambulance just going to sit there?

Rep. Porter: It would depend on the area that they are serving. I would see they could do a couple of things. They could sell the ambulance, take the money and buy some good quick-response type of equipment. If they were short of a vehicle, they could keep it wherever the closest ambulance service is. They could use it as their quick-response vehicle also and still have people respond to a central location, such as a fire hall and still bring that vehicle out with some of the larger equipment and have the outside personnel that are responding carry the basic equipment. The service in Sterling, ND that is a quick-response unit of Bismarck, they have an old ambulance that they use as their vehicle because there are times where they are 23 miles away and it takes us a half hour to get to the patient, and if it is a motor vehicle accident they want to be able to move that patient inside so that in severe weather situations they don't have to try keep the patient warm outside. They use as more of a disaster response type vehicle.

Rep. Metcalf: So basically what you are saying is that it is up to the determination of that particular ambulance service to do what they feel like?

Rep. Porter: Absolutely.

Rep. Weisz: Will this bill grandfather some ambulance services in?

Rep. Porter: The entire program is voluntary. The existing 140 ambulance services would get a new license. EMS operations rather than ambulance service.

Rep. Galvin: We often use the cliché that this is matter of life and death, but this bill is literally a matter of life and death. When we call and ambulance or 911, we expect some kind of a

response. We can't necessarily always take this for granted, and if we don't do something about ambulance service, especially in the rural areas, we won't be able to take that for granted. It is getting to be just about impossible to get volunteers. Any ambulance driver some times has to take off a full day from work. Besides that the time they have to take for training, and sometimes pay for it out of their own pocket. There are now very many people that are willing to do that. We have an ambulance sitting and Hazen and one in Beulah. There are not enough volunteers to maintain both of those locations to keep them operational 24 hours a day. With this law, the EMT's or ambulance drivers can intermingle from one patient to another and they will both be under one license, so you don't need an entire crew for each ambulance. We are doing this now with a waiver, but I don't know how long we can maintain that waiver. This bill certainly won't solve all the problems, but it will take a giant step in the right direction. I am in complete support of this bill.

Rep. Metcalf: You said it is hard to get people to volunteer. With the thought that they will not have to be involved in an ambulance service that is going to be gone away from home for a full day or longer, do you think there would be a possibility of getting more volunteers then?

Rep. Galvin: I think I would refer that question to Rep. Porter.

Rep. Porter: I think that is one of the main purposes behind this bill. To be a quick responder there is less up front training, it is less as far as continuing education and maintaining that level of certification, and it is easier to get away from your job for an hour or two hours rather than an entire day. Absolutely, it will lure in people. Just as rural fire departments have large rosters.

Rep. Severson: I have been an EMT for 28 years serving in Cooperstown, ND. I have spent lots of time teaching EMTs. My name is on the bill because I definitely see a problem in rural ND where ambulance services cannot maintain what they are required to do. This bill allows them

to, voluntarily, step forward and say we can't maintain our ambulance anymore. We still have to take care of the people in North Dakota. There has to be a system that allows those people to still get the medical treatment they need. This is what this bill does. The one issue on licensure that we did change, right now the quick response unit are voluntary licensure, and most of them are licensed because they get grant dollars. However, I believe that the important thing to remember is that if you are going to hold yourself out as a quick response unit, the public will expect a certain amount of responsibility from you. You can't just call yourself a doctor when you're not a doctor.

Chairman Price: What are the reimbursement procedures that are going into this bill regarding insurance?

Rep. Severson: At this point the Medicare-Medicaid reimbursement does not go to the quick response unit. Our ambulance service we charge a fee for that quick response unit.

Tim Wiedrich: Director of the Division of Emergency Health Services for the North Dakota Department of Health. I am here today to provide testimony on behalf of the department in support of the non-fiscal portions of this bill. We are unable to support the fiscal portion of the bill since it was not included in our appropriation request. (See written testimony.)

Rep. Niemeier: What is the difference between the quick response and EMTs?

Tim Wiedrich: There is a substantial difference. A quick response unit gives a service, the quick responder is a training level form of individual. The first responder course is a 40 hour course, and that course is designed to train people to handle airway, breathing, and circulation. They are trained to assess the patient. They are not trained in the advanced techniques. What the first responder focuses on are those things that are truly life threatening. I don't think that the number of training hours are really the issue in terms of recruiting volunteers, I think what really is the

issue is the number of hours that have to be spent on call and engaged in the service. A quick response unit could receive the call, go to the scene, deliver their services, and then they are free. So they can return back to their jobs much more quickly.

Rep. Niemeier: We have EMT's that are based out in our rural communities. They are residents and they get there quickly and they save lives. Do they have less training than the 40 hours. I'm trying to get the difference between these two designations.

Tim Wiedrich: I have never answered the question how many hours of training an EMT has. An EMT has a higher level of training than the first responder. The first responder has 40 hours and an EMT will have 110 hours.

Rep. Metcalf: Getting back to your first statement that fiscally you can't support this because it wasn't built into your budget, in the long run is this situation put into place is going to cost more fiscally, or is there going to be savings generated?

Tim Wiedrich: Intuitively, I think this is a better use of resources and would be more fiscally conservative. We will be more conservative in our approach because we will have fewer hours of training, will need fewer people to maintain the system, and I think that is where the savings will be.

Rep. Metcalf: I was hoping there would be somewhere along the line where you could generate enough savings to pay for this.

Tim Wiedrich: The ambulance world is such a difficult world in terms of finances. Part of the problem from my view is that we really have our feet in two different worlds at the same time. Unlike other public safety organizations, like law enforcement and fire services, which exist a 100% on governmental funding, EMS receives some level of government funding but also has fee for services aspect to it.

Derek Hanson: President of the North Dakota EMS Association. Our organization is in support of this bill. We have been asking for this for quite some time. (See written testimony.)

Chairman Price: Close the hearing on HB 1202.

COMMITTEE WORK:

Chairman Price: Let's look at 1202. Rep. Porter, in an area where we don't have service right now and the community want's to develop a quick response unit - is there enough in what we did last time to help them get set up to do that or do we need to take a look at something additional in this language?

Rep. Porter: In the training grant money that is there in the existing budget of $940,000, there is up to $2,000 a year available to a quick response unit for training education. That grant that is out there does not address equipment requirements, so that would not be there. What the grant addresses is the reduction of the number of licensed ambulance services in the state.

Chairman Price: What approximately would it cost to set up a quick response unit?

Rep. Porter: It would depend on the geographical area - if they had to have multiple vehicles respond to calls and they served a large area. The total would be somewhere around $3,500 to $4,000 per responding vehicle.

Chairman Price: We have areas where we just don't have any coverage.

Rep. Porter: Yes. It is scary, but we do.

Chairman Price: If we were to allow, let's say, 10 additional quick responders we'd be looking at $50,000.

Rep. Porter: I think 10 would be a really good start. If you look at from the standpoint that these 10 areas that aren't served now would also have the ability to grab on to the training money. That 40 hour course is not that expensive that they might have some money left over in that $2,000 a year they could put towards equipment purchases.

Rep. Dosch: A concern from one of my constituents was that it may create a monopoly situation where they limit others that want to get into the business. What is your response on that?

Rep. Porter: There are no communities in the state that have more than one ambulance service. Our concerns are to keep the ones that are there solvent.

Rep. Weisz: I would like to see offering $10,000 to change the quick response units we have now, and offer $10,000 for communities to start up new response units.

Rep. Porter: I think there is a need out there for both.

Rep. Cleary: Are the reasons they don't have these services in some areas is because they don't have the money nor the volunteers?

Rep. Porter: Both. Probably more than anything it is the people factor. Money is always the concern when you get into it that you have the right equipment.

Chairman Price: Why do you think they need an annual for $5,000?

Rep. Porter: It was felt that the first year it would get them on their feet and get the equipment going, but as there geographical areas change they would need to add additional pieces of equipment in that second year to make sure they are giving good coverage. The big thing is the automatic defibrillator.

Chairman Price: But there is nothing that is going to shut off the funding from private fund raising?

Rep. Porter: ?????

Chairman Price: Do you foresee this as being an ongoing $5,000?

Rep. Porter: No, I would see it as just two years and they are on their own.

Chairman Price: Right now the language is to allow for changing from advanced or basic to quick response unit. Are you in opposed to adding language to non served areas right now that they could go into a quick response unit, where they have nothing right now? Anybody opposed to allowing to go either way?

Rep. Cleary: I'm not really opposed, I just think the point of this bill was to get more of the existing ones to be - maybe if we limited it to five new ones.

Rep. Porter: Maybe without setting numbers and splitting it up we could ask Mr. Wiedrich from their standpoint where there are critical needs with these areas that aren't being served.

Chairman Price: I suggest it come out of the IGT, because rural facilities are not going to survive out there if there aren't any emergency services, period. Nobody is going to live in North Dakota if they don't have access to emergency services.

Rep. Niemeier: Are there going to be IGT funds that aren't committed to long term care?

Chairman Price: I guess I see this as a way to keep the elderly in rural North Dakota.

Rep. Sandvig: In Fargo we have had either wealthy people or places where they have gotten grants for defibrillators Do rural areas not have as much access to somebody donating money?

Chairman Price: I would think they would have access to the grants, but obviously the number of wealthy is few and far between.

Rep. Porter: If you don't make provisions to have these emergency services available, it isn't going to matter how many basic care beds you need in the community.

Rep. Niemeier: On Section 7, going to licensure for emergency medical services - my question is why is that necessary beyond certification and what cost would be involved?

Rep. Porter: Right now North Dakota has chosen to be part of the national registry of EMT's. With that comes a certification which says you've met their minimum requirements to operate at whatever level you pick from first responder all the way up to paramedic level. With that comes the burdens of continuing education, refresher courses, and different CPR and trauma courses that you have to maintain every two years. With the adoption of licensure it just brings in place what is already there.